# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES CONMISSION

Please type or print in ink.

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

**COVER PAGE** 

LAUSD CHARTER SCHOOLS DIVISION

A PUBLIC DOCUMENT

NAME OF FILER ZUIS MAR ZZ PIL ZIMIODE ARKIN ALLISON SHER 1. Office, Agency, or Court Agency Name (Do not use acronyms) LOS ANGELES UNIFIED SCHOOL DISTRICT Division, Board, Department, District, if applicable Your Position NEW LOS ANGELES CHARTER SCHOOLS BOARD CHAIR ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_\_ Position: \_ 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of \_ Other PORTION OF LA COUNTY (LAUSD) City of \_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through Leaving Office: Date Left \_\_\_\_/\_\_\_ December 31, 2018. (Check one circle.) -01-The period covered is \_\_\_\_\_\_\_, through O The period covered is January 1, 2018, through the date of -or- leaving office. December 31, 2018. Assuming Office: Date assumed \_\_\_\_/\_\_\_/ O The period covered is \_\_\_\_\_/\_\_\_, through the date of leaving office. Candidate: Date of Election \_\_\_\_ and office sought, if different than Part 1: \_ Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D · Income - Gifts - schedule attached Schedule B -- Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE (Business or Agency Address Recommended - Public Document) C/O NEW LOS ANGELES CHARRER SCHOOLS 1919 3 BURNSIDE LOS ANGELES CA 90016 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS ackins & Pearhlink. net 6400 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed. Signature \_ (File the originally signed paper statement with your filing official )

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

Do not attach brokerage	or maneral statements.
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Bank of Archica GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Banking	Shipping/mailing
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	S10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	Partnership   Income Received of \$0 - \$499   O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 18 / / 18 ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
General Exectnic	Newall Broads
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
power	ottice supplies, appliances, security
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$100,000 \$100,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,000 \$100,000 \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE
//	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
ised is admir is eyond	Costro
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Housewares	11 Food
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other
Partnership O Income Received of \$0 - \$499	(Describe) Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	• •
Comments:	

# Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMISSION
Name

Do not attach brokerage	or financial statements.			
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
_ Johnson & Johnson	JP Morgan			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Cool and As	11			
Consumer products	Banking			
FAIR MARKET VALUE	FAIR MARKET VALUE			
\$2,000 - \$10,000 S10,001 - \$100,000	\$2,000 - \$10,000			
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000			
	Cycle \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
Stock Other (Describe)	Stock Other			
Partnership O Income Received of \$0 - \$499	(Describe)			
O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)			
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IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
/ / 10 / / 10				
// 18//18				
	ACQUIRED DISPOSED			
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
Weyer haeveer				
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
and the la-	This bosiness			
wood/lumber	T49 A			
FAIR MARKET VALUE	FAID MADKET VALUE			
\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000			
S100,001 - \$1,000,000 Over \$1,000,000				
	S100,001 - \$1,000,000 Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
. Stock Other(Describe)	Stock Other			
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10	The property of decidable by			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE			
	W AT LIGHDLE, EST DATE			
	// 18// 18			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
NAME OF BUSINESS ENTITY	NAME OF BUCKINGO FATTO			
	NAME OF BUSINESS ENTITY			
GENERAL DESCRIPTION OF THIS BUSINESS				
CENTER OF DEGLIF LION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
FAIR MARKET VALUE				
	FAIR MARKET VALUE			
	S2,000 - \$10,000 S10,001 - \$100,000			
S100.001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000			
NATURE OF INVESTMENT	NATI IDE OF INVESTMENT			
Stock Other	NATURE OF INVESTMENT  Stock Other			
(Describe)	(Describe)			
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499			
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
	I ALL BOADLE, GIST DATE:			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
'	•			
Comments:				

# CALIFORNIA FORM 700 FAIR POLITICAL FRACTICES COMMISSION

### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

**COVER PAGE** 

LAUSD CHARTER SCHOOLS
DIVISION

Please type or print in ink.

A PUBLIC DOCUMENT

NAME	OF FILER (LAST)	(FIRST)		Zula H	W 44 111	← *(MのDLE)
	CHRISTENSON	DEBORA	+	·		IKAY
1. 0	ffice, Agency, or Court					
	gency Name (Do not use acronyms)					1-0-0
_	OS ANGELES UNIFIED SCHOOL DISTRIC	T		Board	Men	y Dev
Di	ivision, Board, Department, District, if applicable		Your Position	n		
_	NEW LOS ANGELES CHAR	TER SCH	HOOL S			
•	If filing for multiple positions, list below or on an attachm	ent. (Do not use a	acronyms)			
A	gency:		Position:			
2. J	urisdiction of Office (Check at least one box)					
	] State		☐ Judge or C	Court Commissio	oner (Statewide	e Jurisdiction)
	Multi-County					
	City of					Y (LAUSD)
			∠ Other			
3. T	ype of Statement (Check at least one box)					
-	Annual: The period covered is January 1, 2018, throu	gh	Leaving C	Office: Date Let	ft/_	
	December 31, 2018.			(Che	eck one circle.	)
	The period covered is//	, through	The period of the per	eriod covered is office.	January 1, 20	018, through the date of
	Assuming Office: Date assumed//			eriod covered is te of leaving offi		J, through
	Candidate: Date of Election ar	d office sought, if	different than Part	11:		
4 S	chedule Summary (must complete)	-1-1			The same way	
S	chedule Summary (must complete) ► 7	otal number of	pages includ	ling this cov	er page:	
•		\/				
	Schedule A-1 - Investments – schedule attached					ons - schedule attached
	Schedule A-2 - Investments – schedule attached  Schedule B - Real-Property – schedule attached		chedule D - Incol			
	School = Non Popoly - School attached	•	chedule E - Ilicol	ine – Gins – He	aver Payments	<ul> <li>schedule attached</li> </ul>
-or-	None - No reportable interests on any sc	hedule				
5. Ve	rification 1919 S B 1915	415	Avco	100	- ^ _	22011
	ILING ADDRESS STREET	CITY	05 74NGE	STATE		ZIP CODE
lou	1919 S. BURNSIDE AVE	1 1	VC . C + C C	CA		9001
DA	YTIME TELEPHONE NUMBER	LOS HA	MAIL ADDRESS	1		90016
( :	323) 939 - 6400		dchri	stenion	lim a	divisod Dra
l ha	ave used all reasonable diligence in preparing this statement rein and in any attached schedules is true and complete.	nt. I have reviewed	this statement and	nd to the best of	my knowledge	e the information contained
	ertify under penalty of perjury under the laws of the S	_			correct.	
Def	te Signed 02-25-19		1. Ae	LALLY-	k = 1=	
Dal	(month, day, year)	Sign		the originally signed p	paper statement with	your filing official.)

### SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
Deborah Christenson				

► 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Wildwood School	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
11811 Olympic Blvd.	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
School School	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Teacher	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property. car, boat, etc.)  Loan repayment	(Real property, car, boat, etc.)
_	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	(Describe)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to attus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST PALAMOE THE PARAMOETERS AND	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	oweet acousts
\$500 - \$1,000	City
\$1,001 - \$10,000	
S10,001 - \$100,000	Guarantor
OVER \$100,000	C Other
	Other(Describe)
Comments:	

# CALIFORNIA FORM 700

### STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received

**COVER PAGE** 

LAUSD CHARTER SCHOOLS DIVISION

A PUBLIC DOCUMENT Please type or print in ink.

AME OF FILER (LAST)	(FIRST) ZUTY HAR ZZ PH Z: (MIDDLE)
Doyle	Kevin
. Office, Agency, or Court	
Agency Name (Do not use acronyms)	P 1 1 1 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1
LOS ANGELES UNIFIED SCHOOL DISTRIC	Board member, Treasurer
Division, Board, Department, District, if applicable	Your Position
► If filing for multiple positions, list below or on an attachm	nent. (Do not use acronyms)
Agency:	Position:
. Jurisdiction of Office (Check at least one box)	
State	Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
City of	PORTION OF LA COUNTY (LAUSI)
City of	
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2018, thro	ugh Leaving Office: Date Left/
December 31, 2018.	(Check one circle.)
The period covered is/	, through OThe period covered is January 1, 2018, through the date of or-
Assuming Office: Date assumed/	The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sought, if different than Part 1:
	Total number of pages including this cover page:
Schedules attached	
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments schedule attached	□ Schedule D - Income - Gifts - schedule attached     □ Schedule E - Income - Gifts - Travel Payments - schedule attached     □ Schedule E - Income - Gifts - Travel Payments - schedule attached     □ Schedule D - Income - Gifts - Travel Payments - schedule attached     □ Schedule D - Income - Gifts - Travel Payments - schedule attached     □ Schedule D - Income - Gifts - Travel Payments - schedule attached     □ Schedule D - Income - Gifts - Travel Payments - schedule attached     □ Schedule D - Income - Gifts - Travel Payments - schedule attached     □ Schedule D - Income - Gifts - Travel Payments - schedule attached     □ Schedule D - Income - Gifts - Travel Payments - schedule attached     □ Schedule D - Income - Gifts - Travel Payments - schedule attached     □ Schedule D - Income - Gifts - Travel Payments - schedule attached     □ Schedule D - Income - Gifts - Travel Payments - schedule attached     □ Schedule D - Income - Gifts - Travel Payments - Schedule Attached     □ Schedule D - Income - Gifts - Travel Payments - Schedule Attached     □ Schedule D - Income - Gifts - Travel Payments - Schedule Attached     □ Schedule D - Income - Gifts - Travel Payments - Schedule Attached     □ Schedule D - Income - Gifts - Travel Payments - Schedule Attached     □ Schedule D - Income - Gifts - Travel Payments - Schedule Attached     □ Schedule D - Income - Gifts - Travel Payments - Schedule Attached     □ Schedule D - Income - Gifts - Travel Payments - Schedule Attached     □ Schedule D - Income - Gifts - Travel
Schedule B - Real Property - schedule attached	Schedule E - Income - Gills - Havel Payments - Schedule allastics
-or- None - No reportable interests on any s	schedule
5. Verification	
MAILING ADDRESS STREET	CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)  233 (D. Ish re Blud Ste 650	Contentionica CH 90401
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(424) 653-5350	Kevin. Dolle @ Cantos 6.000
I have used all reasonable diligence in preparing this stater	ment. I have reviewed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is true and complete	
I certify under penalty of perjury under the laws of the	e State of California that the foregoing is true and correct.
3-14-19	Signature
Date Signed	(File the originally signed paper statement with your filing official.)

### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS AUSPate Initial Filing Received Official Use Only CHARTER SCHOOLS DIVISION

Please type or print in ink.	PUBLIC DOCUM	ENT2019 MAR 22 PM 2: 45
NAME OF FILER (LAST) (FIRST)		(MIDDLE)
KUSSEROW TI	IM.	A
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
LOS ANGELES UNIFIED SCHOOL DISTRICT		
Division, Board, Department, District, if applicable	Your Position	
New Los Angeles Char	HOY Schoo	, Board Member
▶ If filing for multiple positions, list below or on an attachment. (D		,
Agency:	Position:	
2. Jurisdiction of Office (Check at least one box)		
State	□ Judge or C	ourt Commissioner (Statewide Jurisdiction)
Multi-County		
City of		RTION OF LA COUNTY (LAUSD)
City of	\square Other	
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2018, through	Leaving C	Office: Date Left/
December 31, 2018.		(Check one circle.)
The period covered is, the December 31, 2018.	rough O The pe	riod covered is January 1, 2018, through the date of office.
Assuming Office: Date assumed/		eriod covered is/, through the of leaving office.
Candidate: Date of Election and office	sought, if different than Par	1:
4 Sahadula Summani (mush complete)		the state of the second
<ol> <li>Schedule Summary (must complete) ► Total n Schedules attached</li> </ol>	umber of pages includ	ing this cover page:
Schedule A-1 - Investments - schedule attached	Schedule C - Inco	me, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Inco	me - Gifts - schedule attached
Schedule B - Real Property - schedule attached	Schedule E - Inco	me - Gifts - Travel Payments - schedule attached
Alama Mana Mana Mana Mana Mana Mana Mana M		
-or- None - No reportable interests on any schedule	) 	
5. Vérification	OUT.	710,000
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
436 San Vicente Blvd. Sa	Mta Monica,	CA 9040Z
(310) 451.1332	+kussi	cowecarlthorpiorg
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowledge the schedules is true and complete.		
I certify under penalty of perjury under the laws of the State of	California that the foregoing	ng is true and correct.
Date Signed 3/14/19	Signature	Thin Kunn
(month, day, year)	(Fi	le the originally signed paper sl <del>ate</del> ment with your filing official.)

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS AT Dates Initian Filling Received DIVISION

**COVER PAGE** 

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Please type or print in ink.	A PUBI	LIC DOCUMENT
AME OF FILER (LAST)	(FIRST)	(MIDDLE)
lickerson	Susan	M
. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Los Angeles Unified School District		
Division, Board, Department, District, if applicable		Your Position
New Los Angeles Charter Schools Bo	ard of Directors	secretary / board member
▶ If filing for multiple positions, list below or on a	n attachment. (Do not use	acronyms)
Agency:	<u> </u>	Position:
. Jurisdiction of Office (Check at least of	ne box)	
☐ State		Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
		NOTION OF LA COUNTY (LAUSD)
City of		Other
. Type of Statement (Check at least one	box)	
Annual: The period covered is January 1, 2	018, through	Leaving Office: Date Left/
December 31, 2018.		(Check one circle.)
The period covered is/ December 31, 2018.	_/ through	<ul> <li>The period covered is January 1, 2018, through the date of -or- leaving office.</li> </ul>
Assuming Office: Date assumed		The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
Schedule Summary (must complete Schedules attached	e) ► Total number	of pages including this cover page:
Schedule A-1 - Investments - schedule	attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule	attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule	attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interests	on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	nt)	STATE ZIP CODE
c/o New LA, 1919 S. Burnside	Los Angel	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
( 323 ) 939-6400		snickerson@newlosangeles.org
herein and in any attached schedules is true and	I complete. I acknowledge	
I certify under penalty of perjury under the la	ws of the State of Californ	nia that the foregoing is true and correct
Date Signed 3-21-19	S	ignature
(month, day, year)		(File the originally signed paper statement with your filing official.)

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

OALII OIMIAI OIMI	4
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Susan Nickerson	
	_

▶	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	Apple Inc. (AAPL)		
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Technology Hardware, Storage & Peripherals		
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	X \$100,001 - \$1,000,000 ☐ Over \$1,000,000		S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	1	NATURE OF INVESTMENT
	X Stock Other		Stock Other
	(Describe)  Partnership O Income Received of \$0 - \$499	П	(Describe) Partnership (Dincome Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)		O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	L	ACQUIRED DISPOSED
<b>&gt;</b>	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	SENERAL DESCRIPTION OF THE DESIRES		
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000	П	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,000 Over \$1,000,000
	S100,001 - \$1,000,000 Over \$1,000,000	П	
	NATURE OF INVESTMENT	Ш	NATURE OF INVESTMENT
	Stock Other (Describe)	Н	Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Н	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	C Income Necessary of Good of More (Nepol. of Canadala of	Н	G #166110 1166110 21 VIII 21 11611 11611 11611 11611 11611 11611 11611 11611 11611 11611 11611 11611 11611 1161
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	/ / 18 // 18	Н	
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
<u></u>	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
		Н	GENERAL DESCRIPTION OF THIS BUSINESS
	GENERAL DESCRIPTION OF THIS BUSINESS	Ш	GENERAL DESCRIPTION OF THIS BUSINESS
		П	
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	П	\$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	П	NATURE OF INVESTMENT
	Stock Other (Describe)	Ш	Stock Other (Describe)
	Partnership O income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	// 18//18_	П	/ / 18 / / 18
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
C	omments:		

### SCHEDULE A-2

# Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Susan Nickerson

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST	
Nickerson Research, Inc.	MMO-KRO, LLC	
Name	Name	
	8605 Santa Monica Blvd. #18123 LA 90069-4109	
Address (Business Address Acceptable)	Address (Business Address Acceptable)	
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
research & clearance of images & info	real estate	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	
\$0 - \$1,999	□ \$0 - \$1.999	
\$2,000 - \$10,000	\$2,000 - \$10,000	
\$10,001 - \$100,000 ACQUIRED DISPOSED  X  \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED	
Over \$1,000,000	X Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT	
Restructed Sole Proprietorship (V) Corporation	Partnership Sole Proprietorship X	
Other Other	Cold	
YOUR BUSINESS POSITION founder & president	YOUR BUSINESS POSITION trustee	
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
\$0 - \$499 \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000	
S500 - \$1,000 X OVER \$100,000	S500 - \$1,000 X OVER \$100,000	
\$1,001 - \$10,000	<u> </u>	
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Algorith a separate shire) of decressary).	→ 3, LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Abach a superate sheet of necessary)	
None or X Names listed below	None or X Names listed below	
21 Inch Philco; 72andSunny; Anomaly; BBDO; CP+B;	Nickerson Research, Inc.	
Deutsch; Droga5; JWT; Lil Monsters; McCann; Wieden +		
Kennedy; McGarryBowen; Venables Bell; Wolfes		
Remedy, Medally bowell, Vehables bell, Wolles		
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:	
Check one box:    INVESTMENT   X   REAL PROPERTY	INVESTMENT X REAL PROPERTY	
lease of office space	property	
Name of Business Entity, if Investment, <u>or Assessor's Parcel Number or Street Address of Real Property</u>	Name of Business Entity, if Investment, or Assessor's Percei Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	
\$2,000 - \$10,000	\$2,000 - \$10,000	
\$10,001 - \$100,000	\$10,001 - \$100,000	
S100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000	X Over \$1,000,000	
NATURE OF INTEREST	NATURE OF INTEREST	
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership	
N	Leasehold Other	
X Leasehold Other	Yrs. remaining Other	
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached	
Comments:	FPPC Form 700 (2018/2019	

### SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Susan Nickerson

1 INCOME RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
21 Inch Philco, LLC		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
11833 Mississippi Avenue, #101, LA, CA 90025		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
feature film production		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
post production - freelance		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only	
\$500 - \$1,000 \$1,001 - \$10,000	\$1,000 S1,000 S1,000	
¥ \$10,001 - \$100,000 ☐ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of	Sale of	
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)	
Loan repayment	Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
	11	
(Describe)	(Describe)	
Other	Other	
	Other(Describe)	
Other	Control (Describe)  ial lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's	
Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PARTY OF THE PROPERTY OF THE PROP	Control (Describe)  ial lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's	
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follows:	CDescribe)  GRIOD  GRIO	
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follows:	Other	
Other	Other	
Other	Other	
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as followable of Lender.  **ADDRESS (Business Address Acceptable)	Other	
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as followable of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	Other	
Other	Other	

### CALIFORNIA FORM 700FAIR POLITICAL PRACTICES COMMISSION

### LAUSD STATEMENT OF ECONOMIC INTERESTS ER CARDIO String Received DIVISION Official Use Only

**COVER PAGE** 

FAIR POLITICAL PRACTICES COMMISSION	CO	VER PAGE	n oo ha o ne
Please type or print in ink.	A PUBL	IC DOCUMENT	7 22 PM 2: 45
NAME OF FILER (LAST) Sheehy	Peter		(MIDDLE)
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Division, Board, Department, District, if appli	cable	Your Position	
▶ if filing for multiple positions, list below o	r on an attachment. (Do not use		
Agency:		. Position: Board	Member
2. Jurisdiction of Office (Check at le	east one box)		
State		☐ Judge or Court Commissioner	(Statewide Jurisdiction)
Multi-County		County of	
City of		☐ Other	
3. Type of Statement (Check at least	one box)		
Annual: The period covered is Januar December 31, 2018.		•	one circle.)
	/, through	-or- leaving office.	nuary 1, 2018, through the date of
Assuming Office: Date assumed		<ul> <li>The period covered is — the date of leaving office</li> </ul>	
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must con	plete) > Total number	of pages including this cover	page:
Schedules attached			
Schedule A-1 - Investments - sche		Schedule C - Income, Loans, & Bus	
Schedule A-2 - Investments - sche		] Schedule D • Income – Gifts – sche ] Schedule E • Income – Gifts – Travi	
Schedule B • Real Property – sche	dule attached	Journal - Moone - Onto - Mari	a raymond
-or- 🗆 None - No reportable intere	ests on any schedule	440	
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public I	Document) CITY	STATE	ZIP CODE
New LA Charter Set	houls 1919 B	email address	A, CH 90016
(323) 939 6400			
I have used all reasonable diligence in prep herein and in any attached schedules is tru	aring this statement. I have review and complete. I acknowledge	wed this statement and to the best of r this is a public document.	ny knowledge the information contained
I certify under penalty of perjury under	the laws of the State of Californ	nia that the foregoing is true and co	orrect.
Date Signed 3-/2-/	9 s	ignature <i>full</i> 5	5hrs
(month, day, year)		(File the originally signed pa	per statement with your filing official.)

# Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Peter Sheeky

Do not attach brokerage c	manda datomonia.
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Poster and Coam 6/c	GENERAL DESCRIPTION OF THIS POSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS PUSINESS
11 . 11 0 1 .	T. Lala con soil
Household Products	Industy, consumer goods
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
under \$1,000.00	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	Stock Other
(Describe)	(Describe)
☐ Partnership ○ Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O Income Received of \$500 or More (Report on Schedule C)	O income Received of \$500 of More (Report of Schedule C)
IE ADDITABLE LIST DATE.	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
A 17	Altria
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BOSINESS	,
Communications	Tubecco
	FAIR MARKET VALUE
FAIR MARKET VALUE  \$\int \\$\sigma_{\text{\$\frac{1}{2}}} \\$\sigma_{\text{\$\frac{1}{2}}} \\$\text{\$\frac{1}{2}} \\$\sigma_{\text{\$\frac{1}{2}}} \\$\text{\$\frac{1}{2}} \\$\$\frac	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$1,000,001 - \$1,000,000 Over \$1,000,000
S100,001 - \$1,000,000 Over \$1,000,000	[ 3/00,007 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other (Describe)
(Describe)  Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
IF AFFEIGABLE, LIST BATE.	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
1	
BCE Inc.	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
T.1.	1 Airecelt
1216 COM	THE MARKET VALUE
FAIR MARKET VALUE	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000
☐ \$2,000 - \$10,000 <b>∑</b> \$10,001 - \$100,000	
S100,001 - \$1,000,000 Over \$1,000,000	☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O Income Received of \$500 of More (Report on Schedule Cy	O modified to post of the property of
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1 18 118
ACQUIRED DISPOSED ,	
	ACQUIRED DISPOSED
	ACQUIRED DISPOSED

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Pute Shuhy

► NAME OF BUSINESS ENTITY	
. /	NAME OF BUSINESS ENTITY
Chenron	Chubb
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Energy	1 surmee
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//18//18	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	
	NAME OF BUSINESS ENTITY Conoce Phillips
Cisco	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	T
1 Echnology	Energy
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \( \sqrt{3} \) = \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT
(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	O income Received of \$500 or More (Report on Schedule C)
1	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
///	
ACGOIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Corning	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SCHOOL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Glacs, Ceramics	Cointe
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \( \overline{\mathbb{X}} \) \$10,001 - \$100,000	\$2,000 - \$10,000 \$\infty\$ \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	
[] 4100,001 - 41,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
Supplied to the supplied of the supplied of the supplied of	C modifie haddistan di good di Midia (napoli di Schedula C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
///	///
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Commente	•

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Peter Shuhy

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Dow Dugost GENERAL DESCRIPTION OF THIS BUSINESS	Exton
	GENERAL DESCRIPTION OF THIS BUSINESS
Chemicals	Oi (/ Energy
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$\frac{1}{2}\$\$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//18//18 ACQUIRED DISPOSED	//
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Genuire Parts	HCP Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Automotre	Realestate
FAIR MARKET VALUE	FAIR MARKET VALUE
\$10,001 - \$100,000 S10,000	<b>☑</b> \$2,000 - \$10,000 <b>☐</b> \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe)  Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//_18//_18_
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
#1215C	1ste
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financia	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// 18 / / 18	/ / 18 / / 18
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Peter Sheety

Do not attach brokerage o	
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Kinance	Harrishld Products
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$4\$10,001 - \$100,000	\$2,000 - \$10,000 \$\frac{1}{2}\$\$\cdot \cdot
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Auto Ports Industry	Paper
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>\$2,000 - \$10,000 \$10,001 - \$100,000</b>	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	Merck
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharma	Pharma
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	•
Comments:	

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
peter Sheeky

Do not attach brokerage t	or tinancial statements.
NAME OF BUSINESS ENTITY	► NAME OF BUŞINESS ENTITY
Mrcro Soft	Nexterra
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
/	
Technology_	Energy
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	☐ \$2,000 - \$10,000 ☐\$10,001 - \$100,000
\$2,000 - \$10,000 \$110,000 \$110,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	☐ □ \$100,001 - \$1,000,000 ☐ ○var \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership Oincome Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF ADDI IDADI E LIAT DATE.
	IF APPLICABLE, LIST DATE:
	//18//18_
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Novarti s	DD
	Three
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
101.	01
Pharma	Phorma
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$\sqrt{3}10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	_
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
Philie Maris	Raytheon
GENERAL DESCRIPTION OF THIS BUSINESS	Kay7 MEON
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Tehren	De finse Contractor
100000	
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	NATURE OF INVESTMENT  Stock Other
(Describe)	Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IE ADDI IO ADI E. MOT DATE.
IF AFFLICABLE, LIGI DAIE:	IF APPLICABLE, LIST DATE:
	//_18//_18_
ACQUIRED DISPOSED	ACQUIRED DISPOSED
'	1
Comments	
Comments:	

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Peter Sheehy

be not attach property	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	Siemens
	GENERAL DESCRIPTION OF THIS BUSINESS
Energy	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 [] \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_18//_18_	
//	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
STI Suntrust Bonk	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
france	Consumer souds
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	<b>54</b> \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)  Partnership O Income Received of \$0 - \$499	(Describe)
O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	, and the second
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, , 40 , , 40
ACQUIRED DISPOSED	//18//18 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Travelers Co.	Unilever
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Finance	Casa are and
FAIR MARKET VALUE	Consumer Goods
\$2,000 - \$10,000 S10,001 - \$100,000	FAIR MARKET VALUE
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	THE MONDER, MOTOVIE,
/	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
_	
Comments:	

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM 700	-
Peter Sheehy	

Walgreens Boots All	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharma	Ben King
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,000 \$100,000 Over \$1,000,000	\$10,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT  Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Frud
Penlestate FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$\infty\$ \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe)  Pertnership O Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//18	//18//18 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_18// 18_ ACQUIRED DISPOSED	/
AUGUIRED DISPUSED	ן אכעטוובט טופרטפנט
3	

# SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FAIR POLITICAL PE		700
Puter	Shee	hg

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Lafayette St. Co Name 38 Swarthnore Are Peahà Palisades, CA 90272	Name
38 Swartmore Are Peath's Vall Sades, CA 90272  Address (Business Address Acceptable)  Check one	Address (Business Address Acceptable) Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:     \$0 - \$1,999     \$2,000 - \$10,000     ACQUIRED   DISPOSED     \$10,001 - \$1,000,000   Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,000 - \$100,000 □ \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
None or Names listed below  Valence media	None or Names listed below  None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  □ INVESTMENT □ REAL PROPERTY	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  INVESTMENT  REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000   10,001 - \$100,000   10,001 - \$1,000,000   10,001 - \$1,000,000   10,001   10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2018/2019)

### SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Pantie Palisades / los Angeles	0.77
2 Swartmore De 20272	CITY
FAIR MARKET VALUE   S2,000 - \$10,000   \$10,001 - \$1,000,000   Over \$1,000,000   Over \$1,000,000   S1,000,000   S1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$1,000,000   ACQUIRED   DISPOSED   DISPOSED
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
LeaseholdOther	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source income of \$10,000 or more.
None  Allesse Sherman	None
Allison Sherman	
Pat Sherman	
You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business.	al lending institution made in the lender's regular course without regard to your official status. Personal loans an ness must be disclosed as follows:
business on terms available to members of the public	without regard to your official status. Personal loans an
business on terms available to members of the public loans received not in a lender's regular course of business of the public loans received not in a lender's regular course of business on terms available to members of the public loans received not in a lender's regular course of business on terms available to members of the public loans received not in a lender's regular course of the public loans received not in a lender's regular course of business on terms available to members of the public loans received not in a lender's regular course of business are considered in the lender's regular course of business are considered in the lender's regular course of business are considered in the lender's regular course of business are considered in the lender's regular course of business are considered in the lender's regular course of business are considered in the lender's regular course of business are considered in the lender's regular course of business are considered in the lender's regular course of business are considered in the lender's regular course of business are considered in the lender's regular course of business are considered in the lender's regular course of the lender's regula	without regard to your official status. Personal loans an ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busi	without regard to your official status. Personal loans an ness must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of business of Lender*  Address (Business Address Acceptable)	without regard to your official status. Personal loans an ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of businement of Lender*  Address (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans an ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	without regard to your official status. Personal loans an ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business of Lender's regular course of business (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  None	without regard to your official status. Personal loans an ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  When the personal loans and ness acceptable in the personal loans are personal loans and ness acceptable in the personal loans and ness acceptable in the personal loans are personal loans and ness acceptable in the personal loans are personal loans and ness acceptable in the personal loans are person
business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's received not received n	without regard to your official status. Personal loans an ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

	NIA FORM 70(	)
Peter	Sheely	

➤ 1. INCOME RECEIVED	► 1, INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Quibi 6555 West Berton	KidVnity (501 C3)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Are LA, CA 90038	338 swarthmore the Pawtic Poliside
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 602
Content Executive	Co-director
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION  Folia carterial 10n - 200 A
Media	0000000
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000 OVER \$100,000
S10,001 - \$100,000 OVER \$100,000	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	Salary Spouse's or registered domestic partner's income
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Commission or Rental Income, list each source of \$10,000 or more
Commission or Rental Income, list each source of \$10,000 or more	Continuestion of Cartest mountain, ast cach source of \$10,000 of more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to latus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	_
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other (Describe)
Comments:	



(month, day, year)

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

#### **COVER PAGE**

LAUSD CHARTER SCHOOLS DIVISION

A PUBLIC DOCUMENT Please type or print in ink. NAME OF FILER (LAST) (FIRST) Cooper Sherman Bari 1. Office, Agency, or Court Agency Name (Do not use acronyms) LOS ANGELES UNIFIED SCHOOL DISTRICT Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of \_ Multi-County \_\_\_\_ PORTION OF LA COUNTY (LAUSD) City of \_\_\_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_\_/\_ Annual: The period covered is January 1, 2018, through (Check one circle.) December 31, 2018. -or-O The period covered is January 1, 2018, through the date of The period covered is \_\_\_\_\_\_\_ through or- leaving office. December 31, 2018. Assuming Office: Date assumed \_\_\_\_/\_\_\_/ The period covered is \_\_\_\_ the date of leaving office. \_\_\_\_\_ and office sought, if different than Part 1: \_ Candidate: Date of Election \_\_\_\_ Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached or- 
 — None - No reportable interests on any schedule 5. Verification ZIP CODE CITY STATE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 90016 CA Los Angeles 1919 S. Burnside Ave EMAIL ADDRESS DAYTIME TELEPHONE NUMBER bsherman101@gmail.com 323 ) 939-6400 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoigh is true and correct. Date Signed 3/21/19 Signature

(File the originally signed paper stalement with your filing official.)

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Bari Cooper Sherman

IF APPLICABLE, LIST DATE:		Do not attach brokerage of		
GENERAL DESCRIPTION OF THIS BUSINESS	•		•	NAME OF BUSINESS ENTITY
FAIR MARKET VALUE				GENERAL DESCRIPTION OF THIS BUSINESS
\$2.00 - \$10,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$10,000   \$10,001 - \$10,000   \$10,001 - \$10,000   \$10,001 - \$10,000   \$10,001 - \$10,000   \$10,001 - \$10,000   \$10,001 - \$100,000   \$10,001 - \$10,000		charter school development		
\$2.00 - \$10,000		CAIR MARKET VALUE	l l	FAIR MARKET VALUE
S100,001 - \$1,000,000   Over			l	
Slock				
Describe				
Income Received of \$500 or More (Report on Schedule C)		(Describe)		(Describe)
18		Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
ACQUIRED DISPOSED  DISPOSED  ACQUIRED DISPOSED  DISPOSED  ACQUIRED DISPOSED  DISPOSED  DISPOSED  ACQUIRED DISPOSED  DISPOSED  DISPOSED  DISPOSED  ACQUIRED DISPOSED  DISPOSED  DISPOSED  DISPOSED  DISPOSED  ACQUIRED DISPOSED		IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY			1	
GENERAL DESCRIPTION OF THIS BUSINESS		ACQUIRED DISPOSED		ACQUIRED DISPOSED
FAIR MARKET VALUE    \$2,000	<b>&gt;</b>	NAME OF BUSINESS ENTITY	<b>&gt;</b>	NAME OF BUSINESS ENTITY
\$2,000 - \$10,000		GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
\$2,000 - \$10,000		CAID MADIZET VALUE		EAID MADKET VALUE
\$100,001 - \$1,000,000   Over \$1,000,000     NATURE OF INVESTMENT   Other   Obscribe				
NATURE OF INVESTMENT				
Stock		NATURE OF INVESTMENT		NATURE OF INVESTMENT
Partnership   Income Received of \$0 - \$499		Stock Other	1	Stock Other
NAME OF BUSINESS ENTITY		Partnership O Income Received of \$0 - \$499		
ACQUIRED DISPOSED  ACQUIRED DISPOSED  ACQUIRED DISPOSED  ACQUIRED DISPOSED  ACQUIRED DISPOSED  ACQUIRED DISPOSED  DISPOSED  NAME OF BUSINESS ENTITY  GENERAL DESCRIPTION OF THIS BUSINESS  FAIR MARKET VALUE  \$2,000 - \$10,000		IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY    SENERAL DESCRIPTION OF THIS BUSINESS				
GENERAL DESCRIPTION OF THIS BUSINESS    FAIR MARKET VALUE		ACQUIRED DISPOSED	1	ACQUIRED DISPOSED
FAIR MARKET VALUE  \$2,000 - \$10,000	<b>&gt;</b>	NAME OF BUSINESS ENTITY	Þ	NAME OF BUSINESS ENTITY
\$2,000 - \$10,000		GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
\$2,000 - \$10,000				FAID MADVET VALUE
\$100,001 - \$1,000,000 Over \$1,000,000  NATURE OF INVESTMENT Stock Other Obscribe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:  J			1	_
Stock Other (Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:  IF APPLICABLE, LIST DATE:  J 18				
Stock Other		NATURE OF INVESTMENT		NATURE OF INVESTMENT
Partnership O Income Received of \$0 - \$499 O Income Received of \$50 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:  IF APPLICABLE, LIST DATE:  IF APPLICABLE, LIST DATE:  ACQUIRED DISPOSED  IRROR Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:  ACQUIRED DISPOSED  IF APPLICABLE ACQUIRED DISPOSED		Stock Other		
IF APPLICABLE, LIST DATE:				Partnership O Income Received of \$0 - \$499
		O Income Received of \$500 or More (Report on Schedule C)	1	○ Income Received of \$500 or More (Report on Schedule C)
ACQUIRED DISPOSED ACQUIRED DISPOSED		IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
AGGORGE SIGNOGES				
Comments:		ACQUIRED DISPOSED	25	ACQUIRED DISPOSED
AUTHORIUS.	C	omments:		

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Bari Cooper Sherman

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Turner-Agassi Charter School Facilities II Fund	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3000 Olympic Blvd, Santa Monica, CA 90404	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
charter school development	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Vice President	
GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's Income (For self-employed use Schedule A-2.)	GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boel, etc.)  Loan repayment	(Real property, car, boat, etc.)  Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD
a retail installment or credit card transaction, made in the	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	□ Bool Brooks
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	

### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received Official Use Only COVER PAGE CHARTER SCHOOLS

#### **COVER PAGE**

DIVISION

Please type or print in ink.	A PUBLIC DOCUMENT 7019 MAR 22 PM 2: 46
NAME OF FILER (LAST)	(FIRST) (MIDDLE)
Weil F	Richard Clement
1. Office, Agency, or Court	i,
Agency Name (Do not use acronyms)	
LOS ANGELES UNIFIED SCHOOL DISTRIC	ст
Division, Board, Department, District, if applicable	Your Position
	New LA Charter School board member & treasurer
▶ If filing for multiple positions, list below or on an attachment	nent. (Do not use acronyms)
Agency:	Position:
Agonoy.	T OSHOTI.
2. Jurisdiction of Office (Check at least one box)	
State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
	PORTION OF LA COUNTY (LAUSE)
☐ City of	Unner
3. Type of Statement (Check at least one box)	18
	ugh \( \times \text{Leaving Office: Date Left} \) \( \frac{18}{20} \) \( \frac{2018}{2018} \)
Annual: The period covered is January 1, 2018, throu December 31, 2018.	(Check one circle.)
-or-	· · · · · · · · · · · · · · · · · · ·
The period covered is/	-or-
Assuming Office: Date assumed/	, through the date of leaving office.
Candidate: Date of Election ar	and office sought, if different than Part 1:
<ol> <li>Schedule Summary (must complete) ► 7</li> </ol>	Total number of pages including this cover page:
Schedules attached	
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D · Income – Gifts – schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
concease of the control of the	
-or- None - No reportable interests on any so	chedule
5. Verification	
MAILING ADDRESS STREET	CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	L == A == elec
1919 S Burnside Ave	Los Angeles CA 90016
DAYTIME TELEPHONE NUMBER	richardcweil@gmail.com
( 323 ) 215-8860	
I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete.	ent. I have reviewed this statement and to the best of my knowledge the information contained.  I acknowledge this is a public document.
I certify under penalty of perjury under the laws of the	State of California that the foregoing is true and correct.
Echuary 20, 2010	() () () () ()
Date Signed Febuary 22, 2019	Signature (File the originally signed paper statement with your librar official.)
(month, day, year)	(File the originally signed paper statement with your liting official.)

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Mount Wilson Ventures, LLC	LegalZoom, Inc.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
130 W Union St, Pasadena, CA 91103	101 N Brand Blvd, Glendale, CA 91203
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Venture fund	Legal documents
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Partners	Chief Marketing Officer
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
■ \$10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD
a retail installment or credit card transaction, made in t	I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
A DELECT (Desired Address Andress Andr	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	F/h.
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
Comments:	

# CALIFORNIA FORM 700 FAIR POLITICAL FRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

**COVER PAGE** 

LAUSD CHARTER SCHOOLS

DIVISION A PUBLIC DOCUMENT Please type or print in ink. NAME OF FILER (LAST) (FIRST) 1. Office, Agency, or Court Agency Name (Do not use acronyms) LOS ANGELES UNIFIED SCHOOL DISTRICT Division, Board, Department, District, if applicable Your Position ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ Position: \_ 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_ ☐ County of Other PORTION OF LA COUNTY (LAUSD) City of \_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through Leaving Office: Date Left \_\_\_\_/\_ December 31, 2018. (Check one circle.) The period covered is \_\_\_\_/\_\_\_, through O The period covered is January 1, 2018, through the date of -or- leaving office. December 31, 2018. Assuming Office: Date assumed \_\_\_\_/\_\_\_/\_ O The period covered is \_\_\_\_\_\_\_ through the date of leaving office. Candidate: Date of Election \_\_\_ and office sought, if different than Part 1: \_\_\_\_\_ Schedule Summary (must complete) > Total number of pages including this cover page: \_\_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER 323) 939 - 64*0*0 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct: Signature

(File the originally signed paper statement with your filing official.

### SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Kaiser Permanente	1
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
393 E. Walnut Pasadena, CA 91188	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Licensed Vocational Nurse	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
S500 - \$1,000 S1,001 - \$10,000	GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000 \$1,001 - \$10,000
X \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2)	Salary Spouse's or registered domestic partner's income
Partnership (Less than 10% ownership. For 10% or greater use	(For self-employed use Schedule A-2)
Schedule A-2 )	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car boat, etc.)	(Real property car, boat etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	
(Describe)	(Describe)
(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	DD
* You are not required to report loans from a commercial li	ending institution, or any indebtedness created as part of
a retail installment or credit card transaction, made in the	e lender's regular course of business on terms available to
members of the public without regard to your official stat	tus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows:	:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	57
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
Comments:	
Comments.	

### CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

**COVER PAGE** 

LAUSD OF CHARTER SCHOOLS DIVISION

A PUBLIC DOCUMENT

Please type or print in ink.  A PUBLIC DOCUMENT					
NAME OF FILER (LAST)	(FIRST)	2019 HER 22 PH 2- (MIDDLE)			
Albert	Matthew	Brian			
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
LOS ANGELES UNIFIED SCHOOL [	DISTRICT				
Division, Board, Department, District, if applicable		Your Position			
New Los Angeles Ch	arter	executive director.			
▶ If filing for multiple positions, list below or on a	an attachment. (Do not us	•			
Agency:		Position:			
2. Jurisdiction of Office (Check at least of	ne box)				
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)			
Multi-County		County of			
City of		Other PORTION OF LA COUNTY (LAUSD)			
		Olliel			
3. Type of Statement (Check at least one I	box)				
Annual: The period covered is January 1, 2	018, through	Leaving Office: Date Left 12 , 31 , 2018			
December 31, 2018.	4.	(Check one circle.)			
The period covered is/	_/, through	<ul> <li>The period covered is January 1, 2018, through the date of -or-</li> </ul>			
Assuming Office: Date assumed/_		The period covered is/, through the date of leaving office.			
Candidate: Date of Election	and office sought,	if different than Part 1:			
4 Schedule Summany Imust complete	o)				
Schedules attached	¢) ► Iotal number	of pages including this cover page:1			
Schedule A-1 - Investments - schedule a	ttached	Schedule C - Income, Loans, & Business Positions - schedule attached			
Schedule A-2 - Investments - schedule a		Schedule D - Income - Gifts - schedule attached			
Schedule_B Real -Property schedule a	ttached	Schedule E - Income - Gifts - Travel Payments - schedule attached			
-or- ☑ None - No reportable interests o	n any schedule				
5. Verification	3.5				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	a TY	STATE ZIP CODE			
1919 S. Burnside Ave.	Los Angele	es CA 90016			
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
( 323 ) 939-6400		albert.matt@ucla.edu			
herein and in any attached schedules is true and	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.				
I certify under penalty of perjury under the law	s of the State of Californ	ia that the foregoing is true and correct.			
Data Signal 3/11/18		_1// t.			
Date Signed 3/11/18 (month, day, year)	\$i	gnature (File the originally signed paper statement with your filing official.)			
(		fr no no originary signed poper statement with your ming directal.)			

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

#### **COVER PAGE**

Please type or print in ink.

A PUBLIC DOCUMENT

1. Office, Agency, or Court  Agency Name (Do not use acronyms)  LOS ANGELES UNIFIED SCHOOL DISTRICT  Division, Board, Department, District, if applicable  New US Angells  If filing for multiple positions, list below or on an attachment (Do not use acronyms)  Agency:  Position:  2. Jurisdiction of Office (Check at least one box)  State  Multi-County  City of  City of  Other PORTION OF LA COUNTY (LAUSD)  3. Type of Statement (Check at least one box)  Pannual: The period covered is January 1, 2018, through December 31, 2018.  Or-  The period covered is January 1, 2018, through December 31, 2018.  Assuming Office: Date assumed  J 19  O The period covered is January 1, 2018, through December 31, 2018.  Or The period covered is January 1, 2018, through the date of leaving office.  Assuming Office: Date assumed  J 19  Assuming Office: Date of Election  and office sought, if different than Part 1:  Schedule Summary (must complete)  Total number of pages including this cover page:  Schedulos attached	NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
1. Office, Agency, or Court  Agency Name (Do not use acronyms)  LOS ANGELES UNIFIED SCHOOL DISTRICT  Division, Board, Department, District, if applicable  New School Statement (Check at least one box)    State	KIOS	Brooke		Memifield
LOS ANGELES UNIFIED SCHOOL DISTRICT  Division, Board, Department, District, if applicable  New School State	1. Office, Agency, or Court			1199
New Los Angeles Charter School Schoo	Agency Name (Do not use acronyms)			
New Los Angeles Charter School Schoo	LOS ANGELES UNIFIED SCHOOL DIS	STRICT EX/A	utive D	worther land ac
Agency:	Division, Board, Department, District, if applicable	Your	Position	Jan 1 ac
Agency:	New Los Angeles C	harter school		
2. Jurisdiction of Office (Check at least one box)  State  Multi-County  City of  City of  Annual: The period covered is January 1, 2018, through December 31, 2018.  The period covered is, through December 31, 2018.  The period covered is, through December 31, 2018.  The period covered is, through December 31, 2018.  Assuming Office: Date assumed, through December 31, 2018.  Assuming Office: Date assumed, through The period covered is, through the date of leaving office.  Candidate: Date of Election and office sought, if different than Part 1:  4. Schedule Summary (must complete)  Total number of pages including this cover page:	▶ If filing for multiple positions, list below or on an	attachment. (Do not use acronyms)		
State    Multi-County   County of	Agency:	Pos	sition:	
Multi-County   County of	2. Jurisdiction of Office (Check at least one	box)		
Multi-County   County of   County of   Other   PORTION OF LA COUNTY (LAUSD)  3. Type of Statement (Check at least one box)   Annual: The period covered is January 1, 2018, through   December 31, 2018.			dge or Court Commiss	ioner (Statewide Jurisdiction)
City of	Multi-County			
3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2018, through December 31, 2018.  The period covered is	City of			
Annual: The period covered is January 1, 2018, through December 31, 2018.  The period covered is, through December 31, 2018.  The period covered is, through December 31, 2018.  Assuming Office: Date assumed, through The period covered is January 1, 2018, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is	2 7			
December 31, 2018.  The period covered is, through December 31, 2018.  The period covered is, through December 31, 2018.  Assuming Office: Date assumed, through the date of leaving office.  Candidate: Date of Election and office sought, if different than Part 1:  4. Schedule Summary (must complete)   Total number of pages including this cover page:				
The period covered is, through, through		8, through Le		
December 31, 2018.  Assuming Office: Date assumed  Candidate: Date of Election  and office sought, if different than Part 1:  Total number of pages including this cover page:  Total number of pages including this cover page:	-Or-			
Assuming Office: Date assumed	December 31 2018		leaving office.	s January 1, 2018, through the date of
the date of leaving office.  ☐ Candidate: Date of Election and office sought, if different than Part 1:  4. Schedule Summary (must complete) ► Total number of pages including this cover page:	Assuming Office: Date assumed	19		s / _ / through
4. Schedule Summary (must complete) ► Total number of pages including this cover page:			the date of leaving of	ffice.
r page moral page.	Candidate: Date of Election	and office sought, if different the	nan Part 1:	
	4. Schedule Summary (must complete)	► Total number of pages	including this co	ver page:
Schedules attached	Schedules attached	. •		
Schedule A-1 - Investments – schedule attached  Schedule C - Income, Loans, & Business Positions – schedule attached	Schedule A-1 - Investments - schedule atta	ched Schedule (	C - Income I cans &	Rusiness Positions - schedule attached
Schedule A-2 - Investments – schedule attached  Schedule D - Income – Gifts – schedule attached				
Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached	Schedule B - Real Property - schedule attack			
OF D None W	Or D None N			
-Or- None - No reportable interests on any schedule		any schedule		
5. Verification  MAILING ADDRESS STREET CITY STATE 7/B CODE				
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)	(Business or Agency Address Recommended - Public Document)	L. O	STAT	ZIP CODE
DAYTIME TELEPHONE NUMBER  DAYTIME TELEPHONE NUMBER  DAYTIME TELEPHONE NUMBER  DAYTIME TELEPHONE NUMBER	DAYTIME TELEBHONE NIMBER	AVL W	tingles	CA 90014
R23) 939 (UVO)	0 - 0 1 1 1	OVIN S	so hours	Manager of
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.	I have used all reasonable diligence in preparing this herein and in any attached schedules is true and con	statement. I have reviewed this state mplete. I acknowledge this is a publi	ement and to the best of	of my knowledge the information contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				correct.
81221205	81221215	_	R	
Date Signed (File the originally signed paper statement with your filing official.)		Signature	(File the originally sinner	d paper statement with your filing official.)

#### SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FAIR POLITICAL F		
Name Brooke	И	Rios

NAME OF SOURCE OF INCOME    Note	▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
BUSINESS ACTIVITY, IF ANY, OF SOURCE    CROSS INCOME RECEIVED   No Income - Business Position Only	NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
BUSINESS ACTIVITY, IF ANY, OF SOURCE    CROSS INCOME RECEIVED   No Income - Business Position Only	Mirman J'Chool	marrimount High JChool
Solution	ADDRESS (Business Address Acceptable)	ADDRESS (Eusiness Address Acceptable)
Solution	magnerient Jahoot	Inalienalit school
GROSS INCOME RECEIVED	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
GROSS INCOME RECEIVED	DIVECTOR OF OPERATION)	Director of Operation)
S500 - \$1,000   S1,001 - \$10,000   OVER \$100,000   S1,001 - \$10,000   OVER \$100,000   OVER \$	YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
S500 - \$1,000   S1,001 - \$10,000   OVER \$100,000   S1,001 - \$10,000   OVER \$100,000   OVER \$		
Salary   Septiment   Solar	GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
CONSIDERATION FOR WHICH INCOME WAS RECEIVED   Salary   Sopuses or registered domestic partner's income (For self-employed use Schedule A-2)     Partnership (Less than 10% ownership For 10% or greater use Schedule A-2)     Partnership (Less than 10% ownership For 10% or greater use Schedule A-2)     Sale of		
Salary   Spouse's or registered domestic partner's income (For self-employed use Schedule A-2)     Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2)     Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2)     Sale of		
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)   Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)   Sale of		
Schedule A-2.    Sale of     Sale of	(For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Sale of	Partnership (Less than 10% ownership. For 10% or greater use	Partnership (Less than 10% ownership For 10% or greater use
Loan repayment   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Co	Schedule A-2.)	Schedule A-2.)
Loan repayment	Sale of	Sale of
Commission or Rental Income, #st each source of \$10,000 or more    Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more   Commission or Rental Income, #st each source of \$10,000 or more		
Clescribe   Cles	Commission or Rental Income list each course of \$10,000 or man	
Other	Territar mounts, has each source of \$10,000 of more	Continussion of English income, list each source of \$10,000 or more
Coescribe)      Coescribe)      Coescribe)      Coescribe)      Coescribe)      You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:  NAME OF LENDER*  INTEREST RATE  TERM (Months/Years)  ADDRESS (Business Address Acceptable)  SECURITY FOR LOAN  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$10,001 - \$100,000  OTHER  OTHER  OTHER  (Describe)	(Describe)	(Describe)
* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:    NAME OF LENDER*		Other
* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:  NAME OF LENDER*  INTEREST RATE  TERM (Months/Years)  ADDRESS (Business Address Acceptable)  SECURITY FOR LOAN  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  SECURITY FOR LOAN  Real Property  Street address  City  Guarantor  OVER \$100,000  OTHER  Other  (Describe)		
a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:  NAME OF LENDER*  INTEREST RATE  TERM (Months/Years)  ADDRESS (Business Address Acceptable)  SECURITY FOR LOAN  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  STreel address  City  Guarantor  Guarantor  Other  (Describe)		
members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:  NAME OF LENDER*  INTEREST RATE  TERM (Months/Years)  Whone  SECURITY FOR LOAN  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  SECURITY FOR LOAN  Real Property  Street address  City  Street address  Guarantor  Guarantor  OVER \$100,000  OVER \$100,000  OTHER  OTHER  City  City  City  City  OTHER  City	You are not required to report loans from a commercial	lending institution, or any indebtedness created as part of
NAME OF LENDER*  INTEREST RATE  TERM (Months/Years)  ADDRESS (Business Address Acceptable)  SECURITY FOR LOAN  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  OVER \$100,000	members of the public without regard to your official sta	tus. Personal loans and loans received not in a londer's
NAME OF LENDER*  INTEREST RATE  TERM (Months/Years)	regular course of business must be disclosed as follows	S:
ADDRESS (Business Address Acceptable)  SECURITY FOR LOAN  None Personal residence  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$10,001 - \$100,000  OVER \$100,000  Other		
ADDRESS (Business Address Acceptable)  SECURITY FOR LOAN  BUSINESS ACTIVITY, IF ANY, OF LENDER  None Personal residence  Real Property  Street address  City  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  Other  (Describe)	NAME OF LENDER	INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER    None	ADDRESS (Business Address Acceptable)	% None
BUSINESS ACTIVITY, IF ANY, OF LENDER    None   Personal residence	ADDITEOU (DUSINESS AUGUSS ACCEPTABLE)	SECURITY FOR LOAN
Real Property   Street address     \$500 - \$1,000   City     \$1,001 - \$10,000   Guarantor     OVER \$100,000   Other   (Describe)	BUSINESS ACTIVITY IF ANY OF LENDER	
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  Other		
S500 - \$1,000  S1,001 - \$10,000  S10,001 - \$100,000  OVER \$100,000  Other	HOUSE TALLANCE PURING PERSONNEL PROPERTY OF THE PROPERTY OF TH	Real PropertyStreet address
City  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  Other		
Guarantor		City
OVER \$100,000 Other		Guarantor
Other(Describe)		
	UVER \$100,000	
Comments:		(Describe)
	Comments:	

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

#### **COVER PAGE**

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Barrett	Steven	2	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms	s)		
LOS ANGELES UNIFIED SO	CHOOL DISTRICT		
Division, Board, Department, District,	if applicable	Your Position	
New Los Angeles Charter S	chools	Board Member	
▶ If filing for multiple positions, list b	elow or on an attachment. (Do not us	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Chec	k at least one box)		
State		☐ Judge or Court Commissioner (Sta	atewide Jurisdiction)
☐ Multi-County		County of	
		Other PORTION OF LA CO	DUNTY (LAUSD)
City of		Other - Other	701111 (121002)
3. Type of Statement (Check at	least one box)		
Annual: The period covered is	January 1, 2018, through	Leaving Office: Date Left	
December 31, 2018.		(Check one	
	, through	O The period covered is January or-leaving office.	, 1, 2018, through the date of
Assuming Office: Date assume	d	The period covered is the date of leaving office.	through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must Schedules attached  Schedule A-1 - Investments - Schedule A-2 - Investments - Schedule B - Real Property -	- schedule attached - schedule attached - schedule attached	of pages including this cover pages  Schedule C - Income, Loans, & Business Schedule D - Income - Gifts - schedule Schedule E - Income - Gifts - Travel Pages	Positions – schedule attached attached
-or- None - No reportable i	nterests on any schedule		
5. Verification  MALLING ADDRESS STREET	CITY	ŜTATE	ZIP CODE
(Business or Agency Address Recommended - I		SIAIE	ZIF GODE
11811 Olympic Blvd.  DAYTIME TELEPHONE NUMBER	Los Angel		90064
( 310 ) 806-4502		EMAIL ADDRESS sbarrett@wildwood.org	
I have used all reasonable diligence in	preparing this statement. I have revie is true and complete. I acknowledge	wed this statement and to the best of my know	owledge the information contained
		nia that the foregoing is true and correct.	
Date Signed 14 March 2019	s	ignature	

#### **SCHEDULE A-2**

# Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Jody Becker (Spause)	
Name	Name
827 6th St. / Satnta Monica, CA 90403	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2  ■ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Editorial services	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
T \$0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000	\$2,000 - \$10,000//
\$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED   \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT  Partnership Sole Proprietorship X not incorporated  Other	Partnership Sole Proprietorship Other
	Other
YOUR BUSINESS POSITION Editor	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	A 1 DENTIFY THE ODOOR INCOME DECEMED WHILL HAVE WALL ADO DATA
SHARE OF THE GROSS INCOME RECEIVED (INCLUDE FOUR PRO RATA  SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>
¥ \$0 - \$499	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
<ul> <li>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> </ul>	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet it necessary.)
X None or Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining  Check box if additional schedules reporting investments or real property are attached	Yrs. remaining  Check box if additional schedules reporting investments or real property are attached
are amorting	I are arraying
Comments:	EDPC Form 700 (2018/2019

#### SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
Wildwood School, Inc.				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
12201 Washington Place / Los Angeles, CA 90066				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Professional Development Servies				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Director of Outreach				
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only			
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000			
☐ \$10,001 - \$100,000 🕱 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED			
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)			
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of	Sale of			
(Real property, car, boat, etc.)	(Real property, car, boet, etc.)			
Loan repayment	Loan repayment			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
(Describe)	(Describe)			
Other(Describe)	Other (Describe)			
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	ספ			
* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:				
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)			
	% None			
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAD			
	SECURITY FOR LOAN  None  Personal residence			
BUSINESS ACTIVITY, IF ANY, OF LENDER				
	Real PropertyStreet address			
HIGHEST BALANCE DURING REPORTING PERIOD	Subot auross			
S500 - \$1,000	City			
\$1,001 - \$10,000	Custostar			
\$10,001 - \$100,000	Guarantor			
OVER \$100,000	Other			
	(Describe)			
Comments:				